PREVAILED	Roll Call No
FAILED	Ayes
WITHDRAWN	Noes
RULED OUT OF ORDER	

HOUSE MOTION ____

MR. SPEAKER:

24

I move that House Bill 1313 be amended to read as follows:

1 Page 13, between lines 39 and 40, begin a new paragraph and insert: 2 "SECTION 4. IC 22-3-3-13, AS AMENDED BY P.L.202-2001, 3 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 4 JULY 1, 2002]: Sec. 13. (a) As used in this section, "board" refers to 5 the worker's compensation board created under IC 22-3-1-1. 6 (b) If an employee who from any cause, had lost, or lost the use of, 7 one (1) hand, one (1) arm, one (1) foot, one (1) leg, or one (1) eye, and 8 in a subsequent industrial accident becomes permanently and totally 9 disabled by reason of the loss, or loss of use of, another such member 10 or eye, the employer shall be liable only for the compensation payable for such second injury. However, in addition to such compensation and 11 12 after the completion of the payment therefor, the employee shall be paid the remainder of the compensation that would be due for such 13 14 total permanent disability out of a special fund known as the second 15 injury fund, and created in the manner described in subsection (c). 16 (c) Whenever the board determines under the procedures set forth 17 in subsection (d) that an assessment is necessary to ensure that fund 18 beneficiaries, including applicants under section 4(e) of this chapter, 19 continue to receive compensation in a timely manner for a reasonable 20 prospective period, the board shall send notice not later than October 21 1 in any year to: 22 (1) all insurance carriers and other entities insuring or providing 23 coverage to employers who are or may be liable under this article

MO131303/DI 96+

to pay compensation for personal injuries to or the death of their

employees under this article; and

1 2

3 4

5

6

7

8

9

10

11

12

13

14 15

16 17

18 19

20

21

22

2324

25

2627

28 29

30

31 32

33 34

35

36

37

38 39

40 41

42

43

44

45

46

(2) each employer carrying the employer's own risk; stating that an assessment is necessary. After June 30, 1999, the board may conduct an assessment under this subsection not more than one (1) time annually. Every insurance carrier and other entity insuring or providing coverage to employers who are or may be liable under this article to pay compensation for personal injuries to or death of their employees under this article and every employer carrying the employer's own risk, shall, within thirty (30) days of the board sending notice under this subsection, pay to the worker's compensation board for the benefit of the fund an assessed amount that may not exceed two three and one-half percent (2.5%) (3.5%) of the total amount of all worker's compensation paid to injured employees or their beneficiaries under IC 22-3-2 through IC 22-3-6 for the calendar year next preceding the due date of such payment. For the purposes of calculating the assessment under this subsection, the board may consider payments for temporary total disability, temporary partial disability, permanent total impairment, permanent partial impairment, or death of an employee. The board may not consider payments for medical benefits in calculating an assessment under this subsection. If the amount to the credit of the second injury fund on or before October 1 of any year exceeds one two million five hundred thousand dollars (\$1,000,000). (\$2,500,000), the assessment allowed under this subsection shall not be assessed or collected during the ensuing year. But when on or before October 1 of any year the amount to the credit of the fund is less than one two million five hundred thousand dollars (\$1,000,000), (\$2,500,000), the payments of not more than two three and one-half percent (2.5%) (3.5%) of the total amount of all worker's compensation paid to injured employees or their beneficiaries under IC 22-3-2 through IC 22-3-6 for the calendar year next preceding that date shall be resumed and paid into the fund. The board may not use an assessment rate greater than twenty-five hundredths of one percent (0.25%) above the amount recommended by the study performed before the assessment.

(d) The board shall enter into a contract with an actuary or another qualified firm that has experience in calculating worker's compensation liabilities. Not later than September 1 of each year, the actuary or other qualified firm shall calculate the recommended funding level of the fund based on the previous year's claims and inform the board of the results of the calculation. If the amount to the credit of the fund is less than the amount required under subsection (c), the board may conduct an assessment under subsection (c). The board shall pay the costs of the contract under this subsection with money in the fund.

(e) An assessment collected under subsection (c) on an employer who is not self-insured must be assessed through a surcharge based on the employer's premium. An assessment collected under subsection (c)

MO131303/DI 96+

does not constitute an element of loss, but for the purpose of collection shall be treated as a separate cost imposed upon insured employers. A premium surcharge under this subsection must be collected at the same time and in the same manner in which the premium for coverage is collected, and must be shown as a separate amount on a premium statement. A premium surcharge under this subsection must be excluded from the definition of premium for all purposes, including the computation of agent commissions or premium taxes. However, an insurer may cancel a worker's compensation policy for nonpayment of the premium surcharge. A cancellation under this subsection must be carried out under the statutes applicable to the nonpayment of premiums.

- (f) The sums shall be paid by the board to the treasurer of state, to be deposited in a special account known as the second injury fund. The funds are not a part of the general fund of the state. Any balance remaining in the account at the end of any fiscal year shall not revert to the general fund. The funds shall be used only for the payment of awards of compensation and expense of medical examinations or treatment made and ordered by the board and chargeable against the fund pursuant to this section, and shall be paid for that purpose by the treasurer of state upon award or order of the board.
- (g) If an employee who is entitled to compensation under IC 22-3-2 through IC 22-3-6 either:
 - (1) exhausts the maximum benefits under section 22 of this chapter without having received the full amount of award granted to the employee under section 10 of this chapter; or
 - (2) exhausts the employee's benefits under section 10 of this chapter;

then such employee may apply to the board, who may award the employee compensation from the second injury fund established by this section, as follows under subsection (h).

- (h) An employee who has exhausted the employee's maximum benefits under section 10 of this chapter may be awarded additional compensation equal to sixty-six and two-thirds percent (66 2/3%) of the employee's average weekly wage at the time of the employee's injury, not to exceed the maximum then applicable under section 22 of this chapter, for a period of not to exceed one hundred fifty (150) weeks upon competent evidence sufficient to establish:
 - (1) that the employee is totally and permanently disabled from causes and conditions of which there are or have been objective conditions and symptoms proven that are not within the physical or mental control of the employee; and
 - (2) that the employee is unable to support the employee in any gainful employment, not associated with rehabilitative or vocational therapy.
 - (i) The additional award may be renewed during the employee's total

MO131303/DI 96+ 2002

1 2

3 4

5

6

7

8

9

10

11

12

13

14

23 24 25

26 27

21 22

28 29 30

31

32

35

33 34

36 37

38 39

40 41

42 43

44

45

46

1	and permanent disability after appropriate hearings by the board for
2	successive periods not to exceed one hundred fifty (150) weeks each.
3	The provisions of this section apply only to injuries occurring
4	subsequent to April 1, 1950, for which awards have been or are in the
5	future made by the board under section 10 of this chapter. Section 16
6	of this chapter does not apply to compensation awarded from the
7	second injury fund under this section.
8	(j) All insurance carriers subject to an assessment under this section
9	are required to provide to the board:
10	(1) not later than January 31 each calendar year; and
11	(2) not later than thirty (30) days after a change occurs;

authorized to receive the notice of an assessment.". (Reference is to HB 1313 as printed January 30, 2002.)

the name, address, and electronic mail address of a representative

12

13

Representative Liggett

MO131303/DI 96+